



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

2015 • SPORTS CLINICS REGISTRATION FORM

To be eligible for the Lottery the following must be submitted and received by Lottery Deadline Date:

- Summer Registration Form completely filled out
- **Most Recent Physical Printout** (within 2 years of sessions end) from Doctor **or** Medical Exam Form (available at Cole Ctr.)
- Full Payment

General Data

One Form for Each Participant • Please fill out each line on form (If not applicable, place an N/A)

Name: _____ Date of Birth ____/____/____
Last First Middle Initial

Grade Entering in the Fall _____ School _____ Age (as of 6/22/15) _____ M ☐ F ☐

Address _____
Street Town State Zip Area Code HOME Phone (Not Cell Phone #)

E-mail Address _____

Parent/Guardian:

(Mother) Last _____ First _____ Area Code () WORK Phone (NOT Cell Phone #) () CELL Phone ()
 (Father) Last _____ First _____ Area Code () WORK Phone (NOT Cell Phone #) () CELL Phone ()

Please indicate an emergency calling order by NUMBERING 1 - 4 in the boxes next to the contact name.

Brothers & Sisters Names & Ages: _____

Emergency Contacts • Other Than Parent (State regulations mandate 2 contacts)

1) Name: _____ Relationship: _____ Telephone #: ()
 2) Name: _____ Relationship: _____ Telephone #: ()

Programs Desired *	Order of Choice*	Desired			Program Cost
		Week	Dates	Time	

Optional donation for financial aid for the disabled and financially needy of \$1.00 \$ _____

Non-Residents Add \$20 \$ _____

Make Checks Payable to:

TOWN OF NATICK

Total Cost \$ _____

A \$25.00 fee will be charged for all returned checks



MC/Visa/ Discover

CVC Code # _____ Expiration Date ____/____/____
 (Far right 3-Digit #'s from back of card)

SIGNATURE _____ DATE ____/____/____

Insurance Information

Health Plan/HMO: _____

Policy or Group #: _____

Allergies/Medical Conditions: _____

Behavioral Concerns

Are there any Behaviors/Accommodations/Modifications/Diagnosis we need to be aware of? ☐ No ☐ Yes**If yes, we will call you.

If medications need to be given during program

IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1

Please check here if your child will need medication(s) to be administered at Camp ☐

Name of Medications: _____

Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City".)

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____ Date _____
(If under 18, parent or guardian)